

215037246  
60090

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 3

2	Total Number of Vehicles	Local No./ District 134	Agency Case No. B5-084640	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	L 1							
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 09/12/2015		TIME OF ACCIDENT 1915	STATE USE ONLY								
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1918	09/13/2015								
B	70	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. 2310 N 1 St-Cornhusker Bottle Parking lot			ONE-WAY STREET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	LATITUDE							
C	1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE							
D	1	IF AT INTERSECTION		IF NOT AT INTERSECTION									
		NAME OF INTERSECTING ROADWAY		<input checked="" type="checkbox"/> FEET <input type="checkbox"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING							
				125.00	X	curb of N 1 St							
V1/M	20	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN											
V2/M	20	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN							
E	2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
VEHICLE NO. 1													
F	1	DRIVER LICENSE NO.	H12924288	STATE (Of License)	NE	SEX <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> MALE							
V1/N	1	DRIVER CLINT O CURRY			PHONE	LOCAL NO.							
V2/N	1	DRIVER ADDRESS CITY, STATE, ZIP 4405 N 1ST ST APT 10, LINCOLN, NE 68521			DATE OF BIRTH (MM / DD / YYYY)	01/19/1985							
G	2	OWNER CLINT O CURRY			PHONE	LOCAL NO.							
H	5	OWNER ADDRESS CITY, STATE, ZIP 4405 N 1 St #10, Lincoln, NE 68521			CITATION <input checked="" type="checkbox"/> PENDING <input type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.							
V1/O	5	LICENSE PLATE PA NO.	TEL481	YEAR (Plate Expires)	2016	STATE (Of Plate) NE							
V2/O	1	VEHICLE	2005	MAKE	Cadillac	MODEL	Deville	BODY STYLE	4 door Sedan	COLOR	gold	ESTIMATED DAMAGE	<input type="checkbox"/> TOTALED \$
		VEHICLE ID NO. (VIN)	1G6KE57Y35U133874			INSURANCE COMPANY							
		TOWED TO				TOWED BY			POLICY NO.				
VEHICLE NO. 2													
I	1	DRIVER LICENSE NO.	Parked	STATE (Of License)		SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE							
V1/P	8	DRIVER Parked			PHONE	LOCAL NO.							
V2/P	8	DRIVER ADDRESS CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)								
J	01	OWNER DONALD G PRIESS			PHONE	402-472-8047	LOCAL NO.						
V1/Q	4	OWNER ADDRESS CITY, STATE, ZIP 6330 CORNFLOWER DR, LINCOLN, NE 68504			CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.							
V2/Q	4	LICENSE PLATE TE NO.	SBV544	YEAR (Plate Expires)	2016	STATE (Of Plate) NE							
		VEHICLE	2011	MAKE	Dodge	MODEL	F250	BODY STYLE	Pickup truck	COLOR	gray	ESTIMATED DAMAGE	<input type="checkbox"/> TOTALED \$ 500
		VEHICLE ID NO. (VIN)	3D7TT2CT9BG562814			INSURANCE COMPANY			State Farm				
		TOWED TO				TOWED BY			POLICY NO. 185 9808-D26-27K				
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)													
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM / DD / YYYY)	1	2	3	4	5	SEX		
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	Seat Position	Eject	Body Region	Injury Sev.	Trans.	M F		
VEH. #	NAME	ADDRESS											
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.							
VEH. #	NAME	ADDRESS											
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.							

**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
**B5-084640**

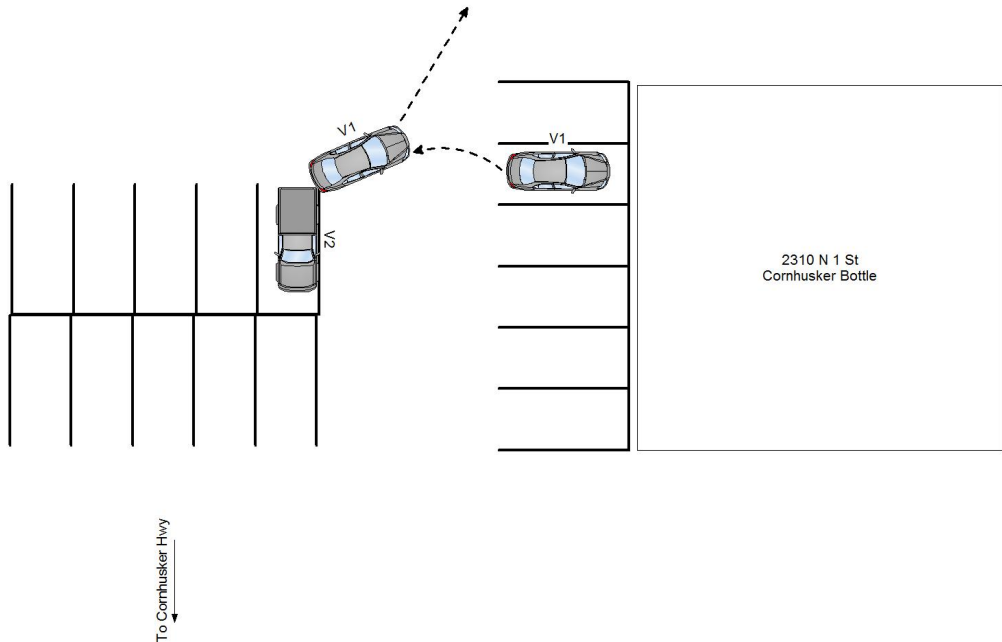
Indicate  
North  
by Arrow



*Not To Scale*

To N 1 St

125 feet E of E curb N 1 St  
50 Feet W of W curb of 2310 N 1 St building



**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

V1: 2005 Gold Cadillac Deville TEL481- broken tail light

V2: 2011 Gray Dodge Power Wagon pickup SBV544

On 09-12-2015 at approximately 1915 hours Antonio was working at the Cornhusker Bottle at 2310 N 1 St. Antonio sold alcohol to a regular customer, Clint. Antonio watched Clint go outside with his purchase and get into his gold Cadillac, TEL481. The Cadillac was parked in the row closest to the building. Antonio stopped watching Clint as he backed up.

At approximately 1915 hours at Cornhusker Bottle, Janice and Donald were standing outside visiting. Janice and Donald then heard a collision and started yelling at the gold Cadillac to stop, 'you just hit our truck', a Gray 2011 Dodge pickup, SBV544. Janice stated that the suspect backed up and hit the rear end of the Cadillac.

<b>PROPERTY</b>	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
<b>WITNESSES</b>	NAME Janice Sanchez	ADDRESS 6330 Cornflower Dr, Lincoln, NE 68504	PHONE 402-472-8047		
	NAME antonio Sanchez	ADDRESS 2320 N 1 St (WORK), Lincoln, NE 68521	PHONE 402-432-2848		

<b>VEHICLE MOVEMENT BEFORE COLLISION</b>				<b>POINT OF IMPACT AND MOST DAMAGED AREA</b> (Enter numbers for each vehicle)				<b>AIRBAG DEPLOYED VEHICLE 1</b>				<b>RESTRAINT USE VEHICLE 1</b>				<b>TOTAL OCCUPANTS</b>				
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	VEHICLE 1		VEHICLE 2		1		2		3		4		5		
1				X	2310 N 1 St-Co	POINT OF IMPACT		POINT OF IMPACT		1		2		3		4		5		
2		X			2310 N 1 St-C	POINT OF IMPACT		POINT OF IMPACT		3		4		5		6		7		
1	02	06 Turning left			MOST DAMAGED AREA		MOST DAMAGED AREA		1		2		3		4		5		6	
2	10	07 Making U-turn			04		04		3		4		5		6		7		8	
08 Entering traffic lane					00 None		02		03		04		05		06		07		08	
09 Leaving traffic lane					09 Top & windows		10 Undercarriage		11 Total (all areas)		12 Other		13 Unknown		14		15		16	
01 Essentially straight ahead					01		02		03		04		05		06		07		08	
02 Backing					08		09		10		11		12		13		14		15	
03 Changing lanes					06		07		08		09		10		11		12		13	
04 Overtaking/Passing					01		02		03		04		05		06		07		08	
05 Turning right					09		10		11		12		13		14		15		16	
13 Unknown					10		11		12		13		14		15		16		17	
OFFICER NO. 1748					TROOP/TEAM/BEAT 11					DEPARTMENT Lincoln Police Department					Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
INVESTIGATOR NAME (Print or Type) Briana Gaston					INVESTIGATOR SIGNATURE Approved by Officer Briana Gaston					DATE OF REPORT 09/13/2015										

**60090**

Investigator's Motor Vehicle Accident Description Continuation Report Sheet 3 of 3

District 134

B5-084640

STATE USE ONLY

09/12/2015

COUNTY

Lancaster

CITY

Lincoln

ROAD ON WHICH ACCIDENT OCCURRED STREET/HIGHWAY NO.

2310 N 1 St-Cornhusker Bottle Parking lot

Antonio assumed the regular customer is Clint because that is the name on the credit card the customer used. Antonio described Clint as a W/M, approx. 25 YO, 506, 'skinny', with the majority of his body scarred from burns or something similar. I found Clint in locals and you can see from his book in photo, there are similar scars as described from Antonio. The registered owner of the suspect vehicle is registered to Clint.

Ofc. check the area and the registered owner's address for the Cadillac. An ATL was put out over the CAD system for Clint and the vehicle. A broadcast was initiated for Clint and the vehicle.

1748

11

Lincoln Police Department

Briana Gaston

Approved by Officer Briana Gaston

09/13/2015